rather irregular in weight, but probably within the range of normal variation. The brain, spinal cord and thymus appeared almost constantly subnormal in weight in all of the test groups. The apparent loss in the pineal body was of somewhat uncertain significance. The thyroid gland appeared subnormal on refeeding to 25 and 50 gm. after underfeeding for three weeks; otherwise normal. The ovaries were irregular in weight, apparently subnormal in those refed after underfeeding for ten weeks. The epididymides appeared subnormal on refeeding to body weight of 75 gm. The empty stomach and intestines were usually above normal weight in the refed groups; the canal with contents appeared more nearly normal in weight. The length of the intestines were somewhat above normal on refeeding to 25 gm. body weight and nearly normal later. There was little change in the relative length of the large and of the small intestines. The eyeballs showed a slight overweight of doubtful significance. Two organs showed an apparent tendency to overcompensation growth in the earlier stages of refeeding, with later retardation. The spleen was greatly above normal weight at body weight of 25 gm. or 50 gm.; but was normal or subnormal at body weight of 75 gm. The testes showed a similar reaction, the apparent atrophy in later stages of refeeding being especially marked.

Factors Affecting the Antiscorbutic Value of Foods.—Hess and Unger (*Am. Jour. Dis. Children,* April, 1919, No. 4, vol. xvii) discuss some advanced ideas in regards to scurvy and its causes and prevention. Many reports show that during the late war there was considerable scurvy among the troops of the various armies; least of all along the western front. The scurvy was mainly of the latent or subacute type, and influenced the character of some of the infectious diseases, and may well have been a factor in the congelations occurring among the soldiers in the trenches. It is evident also that scurvy prevailed among the civilian population to a degree far greater than in peace times. In infants the question of scurvy centers about the milk supply. An infant requires fully one pint of fresh raw milk daily to protect it from the disorder. If the milk is pasteurized, or stale or heated for a second time or rendered more sensitive to deterioration by means of an alkali—and particularly if more than one of these influences are in operation—more than a pint is needed. The fact that there is an inverse relationship between the amount of milk consumed and the tendency to scurvy shows that we are dealing with not an exogenous toxin, but argues in favor of the disorder being primarily a deficiency disease. Milk does not necessarily lose its antiscorbutic value in the course of drying. If it is dried rapidly, even at a temperature of about 240° F., it retains sufficient of the protective factor to have curative value, provided, naturally, that it was fresh at the time of drying. In considering the question of the destruction of this "vitamin" by heat or alkali, the duration of exposure to the detrimental influence is of the greatest importance. Babies fed on pasteurized milk should receive an antiscorbutic from the time that they are a few weeks of age, as there is no reason for allowing the negative balance of "vitamin" to continue for a longer period. A small amount of orange juice will answer the purpose, and is potent for a period after alkalinization. Its value does not reside in its laxative properties, nor in its salt content, as artificial orange juice has practically no therapeutic effect. If orange juice is filtered, boiled and rendered faintly alkaline, it may be given intravenously without causing any slightly untoward reaction. In this way a very prompt cure can be accomplished. From a pathogenic viewpoint, a result obtained by this route is of interest as demonstrating that scurvy can be counteracted by a therapy acting quite apart from the alimentary tract. Diuresis and catharsis do not play an important role in the cure of scurvy, as they may be stimulated to a high degree without alleviating the symptoms. This fact argues against regarding this disorder as essentially toxic in nature. It was found also that giving an antiseptic such as sodium benzoate was without effect. Dehydrated vegetables were without effect in two instances in which an equivalent amount of fresh vegetables brought about a cure. It is not to be inferred from this that dehydration necessarily destroys this "vitamin." In this connection too much attention has been paid to the degree of the heating process, and too little to the more important factors—the age of the vegetables, their freshness previous to dehydration, and their manner of preservation. For about a year strained canned tomatoes have been given in the place of orange juice to a large number of infants. This substitute has been found to be a very effective antiscorbutic, and is well borne by babies even only a few weeks of age. It has the advantage of low cost and availability, and therefore is of particular value for the infants of the poor.

Autoserum Treatment of Chorea.—Brown, Smith and Phillips (*British Jour. Children's Dis.*, January-March, 1919, Nos. 181–183, vol. xvi) describe a recent addition to the therapy of chorea, for which they claim more definite and marked results than have followed the former methods used. In practically every instance in their series there had been previous medical treatment given with the usual indifferent and usually fading results. In most cases there was a mild reaction in the form of vomiting and an occasional rise in temperature, and on only one occasion was the reaction of such a nature as to prevent the return of the patient to the clinic owing to parental objection. The withdrawal of an equal amount of fluid as of serum injected did not appear to be necessary. It occurred to the authors that failure to obtain satisfactory results and prompt reaction might be due to the lack of sufficient antibody production in the plasma. This seems quite within the limits of possibility, taking into consideration the individual varying susceptibility to disease. It is most essential that both tuberculosis and syphilis be excluded, and that all drug therapy be suspended for at least five days previous to the injection. Most serious results have been encountered when this latter point has not been observed. Drugs circulating in the blood-plasma have a much more potent effect when injected into the canal, and serious results are thus obtained, particularly after the use of the salicylates, when the very toxic symptoms of salicylic acid poisoning have presented themselves. In practically every instance the treatment was administered in the Out-Patient Department, the patients returning home within an hour or two following the injection. The first step is withdrawing about 50 c.c. of blood from the median basilic vein. In some instances an anesthetic